

Your HMO Quality Check-up

**THCIC**  
Choosing Well

**Regions:**

- ☐ North Texas
- ☐ Central Texas
- ☐ South Texas
- ☐ East Texas
- ☒ **Gulf Coast**
- ☐ Panhandle/West Texas





# The Texas Health Care Information Council (THCIC)

**The Texas Health Care Information Council (THCIC)** was created by the Texas Legislature to help Texans get the best possible information about health care. THCIC collects a broad range of data on health care benefits, fees, quality of care, and patient satisfaction, and it uses the data to create useful publications like this one.

This booklet contains only a few of the many performance measures for health maintenance organizations (HMOs) reported to THCIC. It covers HMOs which operate in a specific region in Texas. Five other regional booklets have the same type information about HMOs in the rest of the state.

Published August 1998

Choosing a health care plan for your family is an important decision. With all the plans available, how do you know which one to choose? What makes a good HMO? It's a simple question, but unfortunately there isn't a simple answer. That's because although health maintenance organizations (HMOs) provide health care, we all have different health needs.

Whether you are in the market for the services of an HMO or evaluating your current HMO, this booklet can help you make an informed choice. It presents a snapshot of some of the preventive services offered by HMOs, includes other quality indicators, and shows how plans compare against regional and national standards.

The Texas Health Care Information Council and HMOs in Texas worked together with assistance from the Texas Department of Health to provide this information. Our goal is to help consumers by making information on HMOs available to everyone. We also wish to support employers, health plan administrators and physicians in providing Texans with the best possible health care services.

## **Managing to Control Costs**

In the past, most people with health insurance could go to any doctor, specialist, or hospital they chose. However, as health care costs continued to go up every year, this type of insurance – called “indemnity” or “fee-for-service” – became too expensive. Eventually, many individuals and employers simply couldn't afford it. Managed health care has emerged as an economical health care alternative.

There are many different types of managed health care. This booklet focuses on the most common: health maintenance organizations. HMOs provide a wide range of health services and preventive care through networks of doctors, hospitals, clinics, pharmacists, and other care providers. The HMO coordinates the services of its network of providers and monitors the quality of care its members receive. Generally, individuals (or their employers) pay a monthly fee for membership in the HMO. Members also pay a small fee (called a co-pay) for health care services such as doctors' office visits, emergency care, and prescriptions. Members choose a primary care physician from the doctors available through the HMO to manage their health care, including referrals for specialty care, laboratory and x-ray services, and hospitalization when needed.

## **Collecting Objective Information**

Beginning this year, all Texas HMOs are required by State law to provide information about their services and practices to the Texas Health Care Information Council. HMOs use a specific set of objective performance measurements called HEDIS® (Health Plan Employer Data Information Set) to report their information. The HEDIS standards were developed by the National Committee for Quality Assurance (NCQA), a nonprofit organization recognized as an authority on managed care quality. These measures provide a way to make fair comparisons among individual HMOs.

Plans included in this booklet provided services from January 1 to December 31, 1997. Some of the HEDIS measures couldn't be calculated for HMOs. In these instances, explanations appear in the notes with each information chart.

### What's Included in this Booklet

This booklet has facts about the 16 HMO plans serving the Gulf Coast region. It covers HMOs operating in the following 13 counties:

Austin	Galveston	Montgomery
Brazoria	Harris	Walker
Chambers	Liberty	Waller
Colorado	Matagorda	Wharton
Fort Bend		

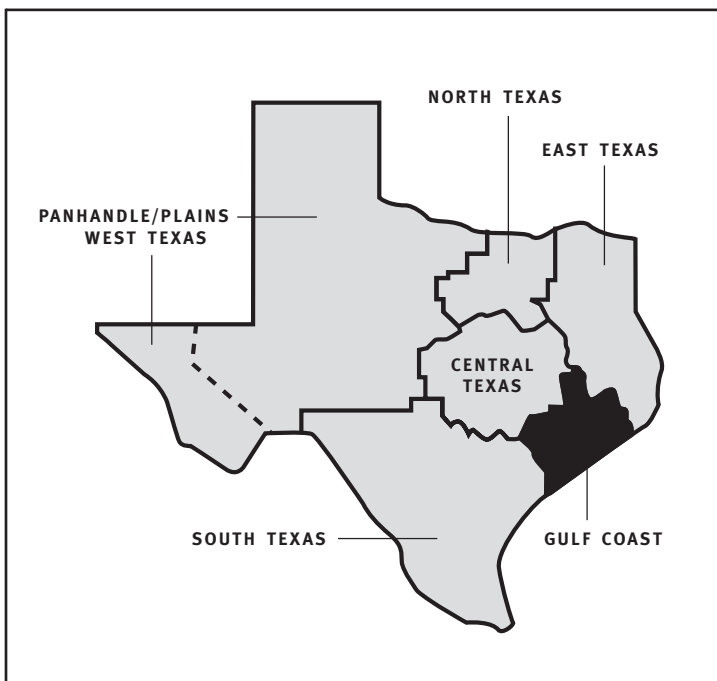
All HMOs offering services in any county in the Gulf Coast region are included, even if their headquarters is located in a city outside the region. Not all HMOs provide services in every county. You will need to check with the HMO for details about the areas it serves.

✓ **Performance Measures:** How does your HMO stack up against others in this area? This booklet includes a selection of HEDIS measures to help you compare HMOs in the Gulf Coast region. They include the availability of board-certified physicians in the HMO network and five measures related to members' use of preventive health care services.

It is less expensive to treat minor health problems than major ones. That's why most HMOs cover the costs of chronic disease screening and preventive health services. The idea is to catch health problems before they become serious. Many HMOs specifically encourage their members to use preventive services, while others pay for them but don't necessarily encourage their use. Remember that HMOs can encourage the use of preventive services, but it is your responsibility to get the care you need.

Even if the preventive services described in this booklet don't apply to you, you can use information about them to help understand the priorities a health plan gives to helping keep you and your family healthy.

Curious about how your HMO compares to others in Texas and across the country? The Quality Compass® average is based on HEDIS data voluntarily reported by HMOs throughout the United States by the National Committee for Quality Assurance. *Healthy People 2000* is a report issued by the Centers for Disease Control and Prevention that contains widely accepted goals for all public and private health care organizations.

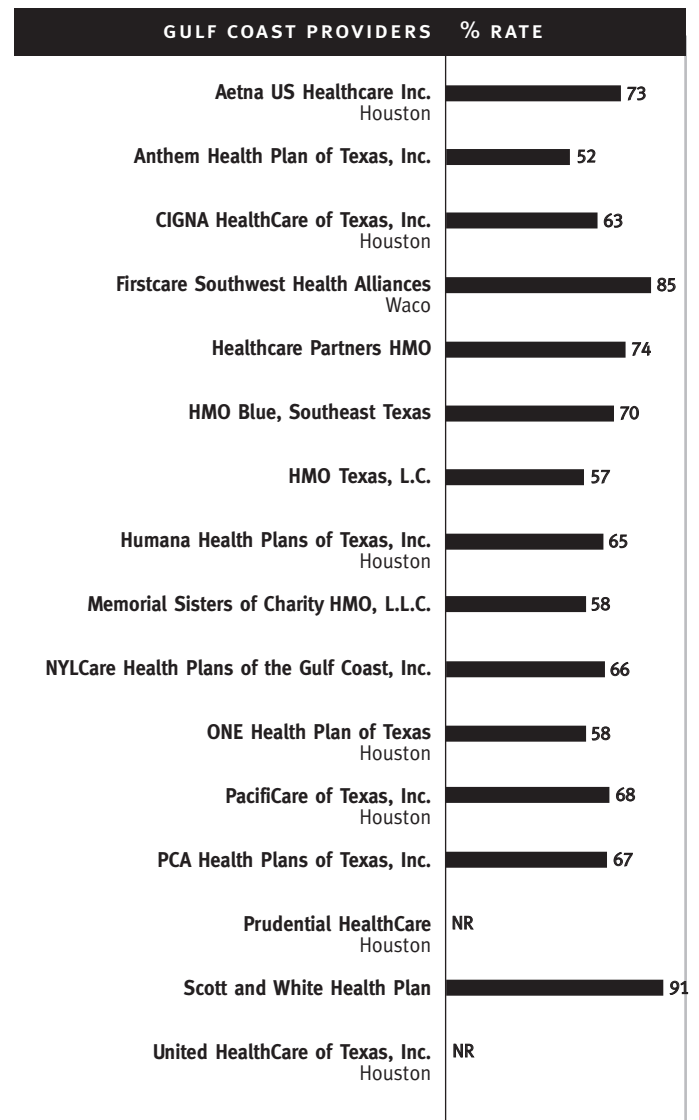


## Board Certified Physicians

### *Percentage of doctors in the HMO network who are board certified*

The quality of doctors in a HMO's network has an important effect on the overall quality of care HMO members receive. Board certification means physicians have had additional training and passed a rigorous examination about the kinds of health problems they treat. This measure gives an indication of the value a HMO places on having well-trained physicians. The chart shows the percentage of doctors in the HMO network who are board certified.

All HMOs offering services in any county in the Gulf Coast region are included in this chart, even if their headquarters is located in a city outside the region. Not all HMOs provide services in every county. Please check with the HMO for details about the area it serves in this region. Results on this measure are based on HMO records and were verified by independent auditing organizations.



NR - Not required to submit data because of a small enrollment, did not report due to problems collecting data, failed to submit the required data.

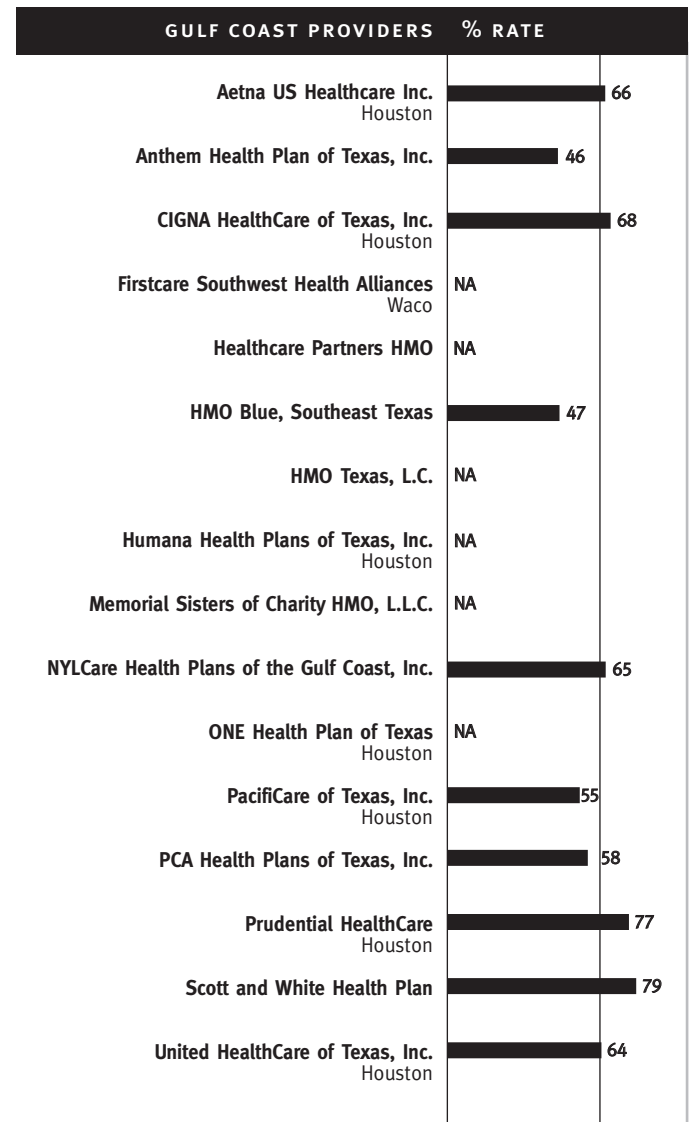
## Breast Cancer Screening

*Percentages of women ages 52 to 69 using the HMO who had mammograms within the past two years*

Breast cancer is the most common form of cancer among women. Experts estimate that a woman in this country has a 1 in 9 chance of developing breast cancer in her lifetime. The American Cancer Society recommends breast cancer screening every year starting at age 40. A mammogram, which is an x-ray of the breast, can help detect tumors in their earliest, most curable stages. This measure gives an indication of the importance a HMO places on the health of middle-aged and older women. The chart shows the percentages of women ages 52 to 69 using the HMO who had mammograms within the past two years.

REGIONAL AND NATIONAL AVERAGES	
Texas	66.6%
Gulf Coast	62.6%
Quality Compass	70.4%
Healthy People 2000 Goal	90.0%

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The dark line on the chart indicates the regional average.  
NA - HMOs with fewer than 100 patients for this measure are not reported.

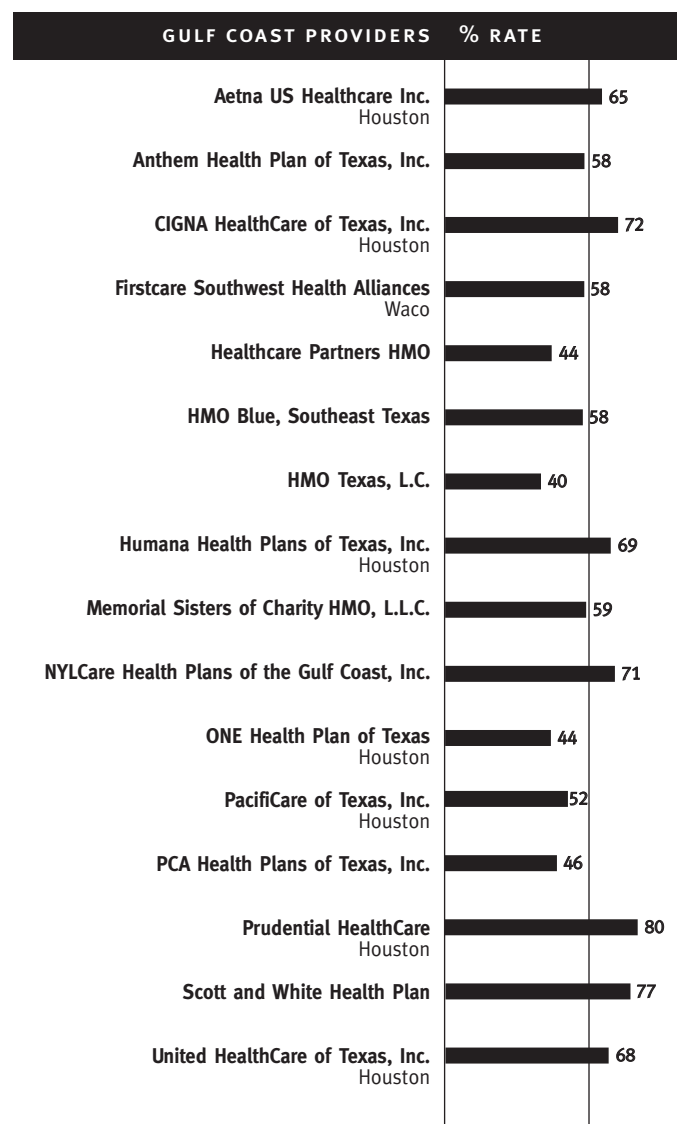
## Cervical Cancer Screening

*Percentages of women ages 21 through 64 using the HMO who had a Pap smear within the past three years*

There are usually no symptoms associated with cancer of the cervix. That's why it is important for women to have a regular Pap smear to detect this disease in its earliest, most treatable stage. When found and treated early, cervical cancer can be cured. This measure gives an indication of the importance a HMO places on women's health. The chart shows the percentages of women ages 21 through 64 using the HMO who had a Pap smear within the past three years.

REGIONAL AND NATIONAL AVERAGES	
Texas	64.4%
Gulf Coast	60.2%
Quality Compass	70.4%
Healthy People 2000 Goal	90.0%

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The dark line on the chart indicates the regional average.

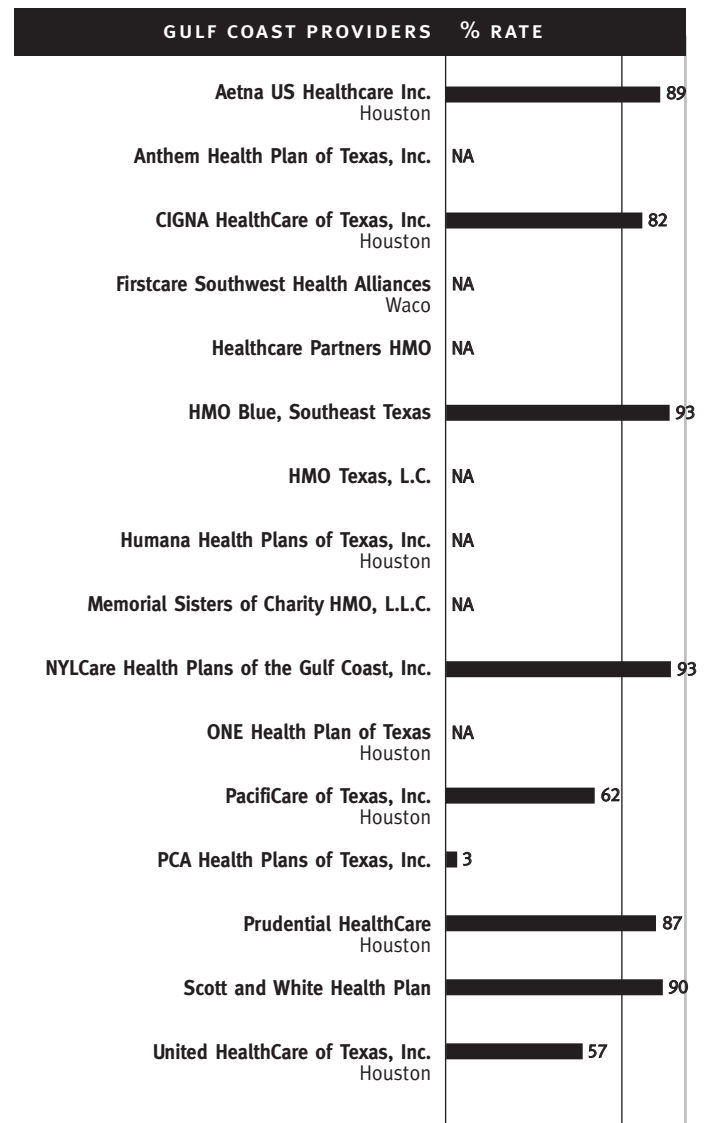
## Prenatal Care in the First Trimester of Pregnancy

*Percentage of pregnant women using the HMO who began prenatal care in the first trimester of pregnancy*

Studies show that women who receive prenatal care starting in the first three months of pregnancy have healthier babies than women who receive no prenatal care or begin care later in their pregnancy. Early prenatal care results in fewer low birth weight babies and infant deaths. Prenatal care classes often help provide a pregnant woman with the skills she needs to be a better mother. This measure gives an indication of the importance a HMO places on helping to ensure that mothers give birth to healthy babies. The chart shows the percentage of pregnant women using the HMO who began prenatal care in the first trimester of pregnancy.

REGIONAL AND NATIONAL AVERAGES	
Texas	78.8%
Gulf Coast	72.9%
Quality Compass	na
Healthy People 2000 Goal	90.0%

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The dark line on the chart indicates the regional average.  
NA - HMOs with fewer than 100 patients for this measure are not reported.



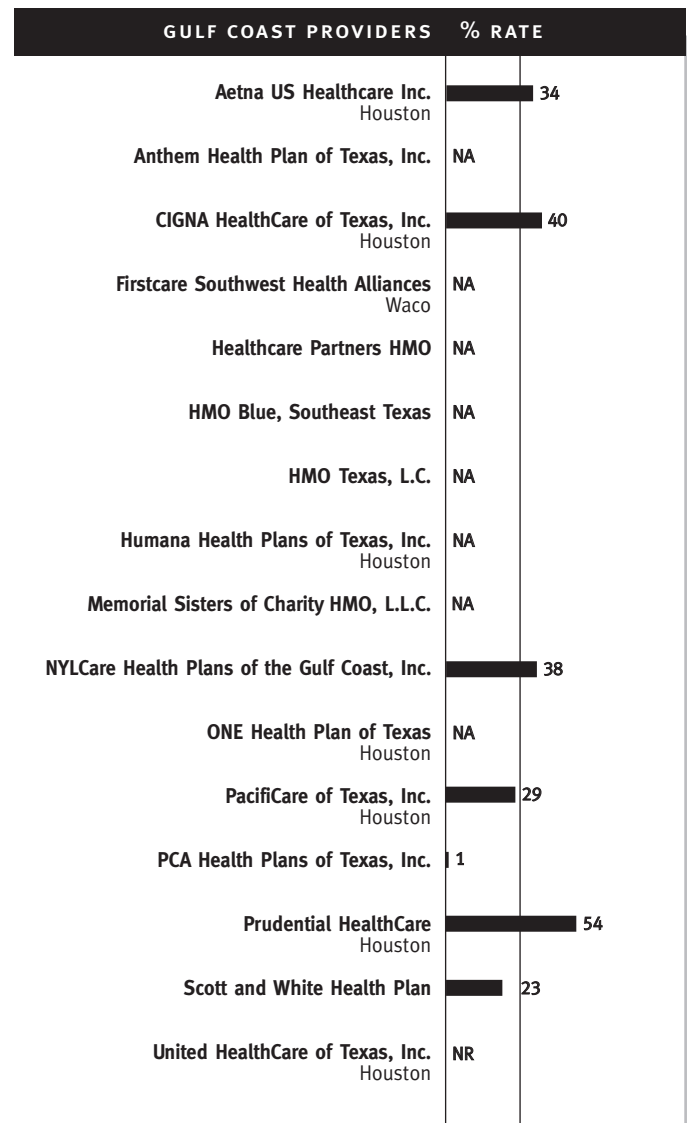
## Well Child Check-ups in the First 15 Months

*Percentage of children using the HMO who received at least six well-child check-ups by the age of 15 months*

The American Academy of Pediatrics recommends that babies have six check-ups by the time they are one year old to track and monitor their health and development. These visits also provide the doctor a chance to offer guidance and counseling to parents. Immunizations to protect children from diseases such as chicken pox, measles, and rubella are an important component of regular visits to the doctor. This measure gives an indication of the importance a HMO places on keeping children healthy. The chart shows the percentage of children using the HMO who received at least six well-child check-ups by the age of 15 months.

REGIONAL AND NATIONAL AVERAGES	
Texas	36.6%
Gulf Coast	31.3%
Quality Compass	na
Healthy People 2000 Goal	90.0%

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The dark line on the chart indicates the regional average.

NA - HMOs with fewer than 100 patients for this measure are not reported.  
NR - Not required to submit data because of a small enrollment, did not report due to problems collecting data, failed to submit the required data.

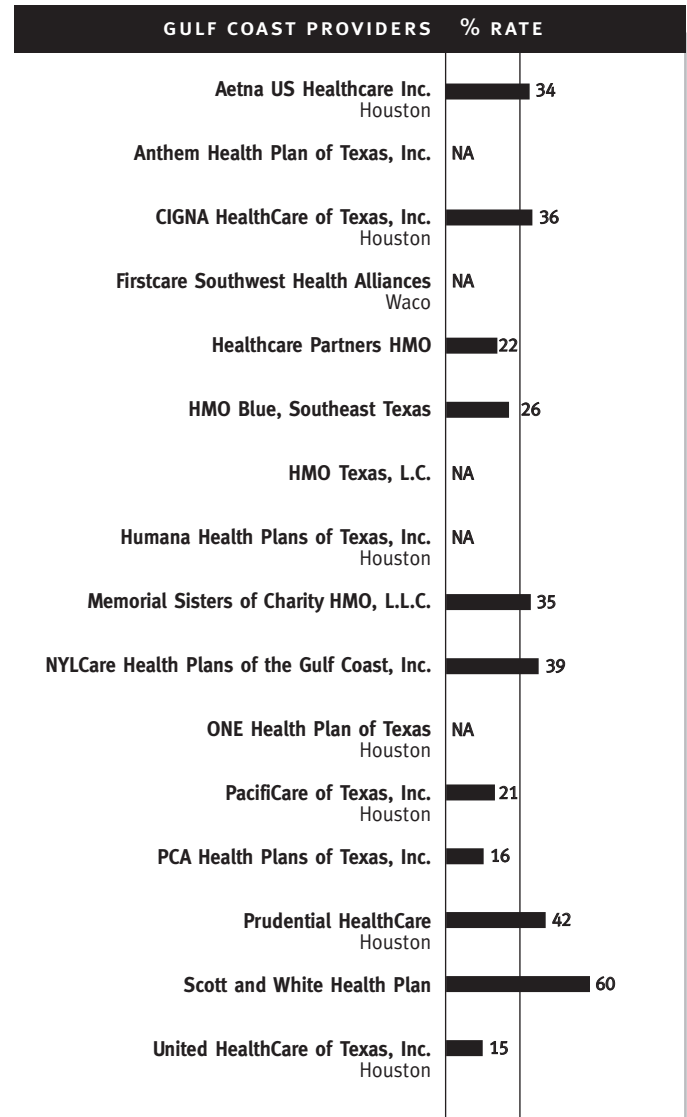
## Eye Exams for People with Diabetes

*Percentage of people with diabetes using the HMO who had eye exams in the past year*

People with diabetes are 25 times more likely to develop blindness than people who don't have the disease. However, early detection and treatment of eye disease can prevent people with diabetes from losing their sight. If you don't have diabetes but you do have a chronic condition such as heart disease, hypertension, asthma, pulmonary disease, or cancer, this measure gives an indication of the importance a HMO places on helping to ensure the best possible health for its members with chronic health problems. The chart shows the percentage of people with diabetes using the HMO who had eye exams in the past year.

REGIONAL AND NATIONAL AVERAGES	
Texas	33.6%
Gulf Coast	31.3%
Quality Compass	38.4%
Healthy People 2000 Goal	na

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The dark line on the chart indicates the regional average.  
NA - HMOs with fewer than 100 patients for this measure are not reported.

## Other Quality Indicators

The table on the next page covers other important things you will want to know about HMOs.

✓ **Accreditation:** Is your HMO accredited? The National Committee on Quality Assurance started its accreditation program in 1991 because consumers want fair and objective information about health plans. If a HMO is accredited, you know that it has met the NCQA's performance standards for quality. There are different levels of accreditation.

Some plans have not been in business long enough to become accredited. Remember, accreditation doesn't guarantee you'll receive quality care from a particular HMO or doctor with that HMO.

✓ **Provider Turnover:** Concerned about the likelihood that you might have to change doctors during the course of your HMO membership? We have included information that indicates the percentage of providers who left the HMO during 1997. If a HMO has a high score on this measure, ask the plan for an explanation. High turnover can sometimes mean that the HMO is not renewing contracts with physicians who don't adhere to the plan's standard of care.

GULF COAST PROVIDERS		PROVIDER TURNOVER	MEMBERS ENROLLED <sup>Δ</sup>	ACCREDITATION STATUS
Aetna US Healthcare Inc. Houston	7%	27,329		
Anthem Health Plan of Texas, Inc.	35%	117,767		
CIGNA HealthCare of Texas, Inc. Houston	7%	167,109	1 YR(1)	
Firstcare Southwest Health Alliances Waco	15%	4,563		
Healthcare Partners HMO	1%	3,544		
HMO Blue, Southeast Texas	16%	15,422		
HMO Texas, L.C.	23%	1,313		
Humana Health Plans of Texas, Inc. Houston	5%	4,621	FULL(3)	
Memorial Sisters of Charity HMO, L.L.C.	5%	2,154		
NYLCare Health Plans of the Gulf Coast, Inc.	6%	306,032	FULL(1)	
ONE Health Plan of Texas Houston	NR	1,087		
PacifiCare of Texas, Inc. Houston	8%	37,323		
PCA Health Plans of Texas, Inc.	10%	209,498		
Prudential HealthCare Houston	11%	181,242	FULL(1)	
Scott and White Health Plan	14%	112,387	1 YR(2)	
United HealthCare of Texas, Inc. Houston	5%	223,741		

(1) - New review is scheduled.

(2) - New decision is pending.

(3) - Merger/consolidation review pending.

NR - Not required to submit data because of a small enrollment, did not report due to problems collecting data, failed to submit the required data.

Δ - Enrollment as of 12/31/96

### Some Important Things to Consider

You'll need more than a snapshot of quality measures to make decisions about the right HMO for yourself and your family. Consider these.

- ✓ *Availability:* Does the HMO you are interested in provide services in the area where you live or work?
- ✓ *Benefits:* Does your HMO offer the benefits you want? All HMOs must provide basic health care services, but not all benefits are the same from plan to plan. The HMO best for you and your family depends on many factors, such as your age and the ages of your children, your health and that of other family members, and whether someone in your family needs special care. Choose your HMO carefully and select a plan that offers what's important to you, not necessarily a plan that offers a broad range of health care services that you may not need or use.
- ✓ *Choice:* Is your family physician or specialist a member of the network of providers for the HMO that interests you? If not, are you willing to change doctors? Usually it will cost more to see a doctor or specialist who is not a member of the HMO network. If you need to select a new doctor, you'll want to ask if there are doctors in the plan who are accepting new patients.
- ✓ *Costs:* Are there significant cost differences among the plans you are considering? Premiums can vary from one HMO to the next, and so can payments (called co-pay) you have to make for doctor visits, specialists, drugs, hospital stays, and visits to the emergency room. Be sure to weigh the costs of the plan with the level of service it provides in making your final choice.

### Want to know how members themselves rate the services of their HMOs?

*Comparing Texas HMOs 1998: Ratings by Consumers* contains charts showing how members responded when asked how they felt about services offered by the HMOs listed in the report. It is available from the Office of Public Insurance Counsel, William P. Hobby State Office Building, 333 Guadalupe St., Suite 3-120, Austin, TX 78701-3942; phone 512-322-4143, or on their website at [www.opic.state.tx.us](http://www.opic.state.tx.us).



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